

ADDENDUM C HOME BASED SERVICES

This Addendum C amends, modifies, and supplements that certain Agreement for Purchase of Services (“Agreement”) between the Fairfax-Falls Church Community Policy and Management Team (“CPMT”) or the Fairfax County Department of Family Services (“DFS”), as the case may be, hereinafter referred to as the “Buyer” and ____, hereinafter referred to as the “Provider”. Where there exists any inconsistency between the Agreement and Addendum C the provisions of Addendum C control.

This Addendum C reflects those services which the Provider agrees to make available to the Buyer. The Provider will offer services as defined on Attachment A. Any services offered that are not defined on Attachment A will be defined on the Provider’s individualized Rate Sheet.

Terms not otherwise defined herein or on the Rate Sheet shall have the same meanings ascribed to them in the Agreement.

SPECIFIC TERMS AND CONDITIONS

Provider agrees to the following provisions:

1. **INITIAL ASSESSMENT:**
 - A. The Provider will complete and submit a written initial assessment within thirty (30) days of initiation of clinical services.
 - B. The initial assessment shall include the following information:
 - 1) Current or Preliminary DSM diagnoses for youth
 - 2) Youth strengths and needs
 - 3) Youth functioning in major life domains (e.g., school, home, community, legal)
 - 4) Current family structure and functioning - strengths and needs
 - 5) Other current treatment/ services including medication management
 - 6) Summary of service and treatment history
 - 7) Behaviors to be addressed - focus of intervention
2. **SERVICE/TREATMENT PLAN:**
 - A. The Provider will complete and submit an initial service/treatment plan based on the initial assessment describing the services to be provided to each youth and the youth’s family in accordance with that youth’s Individualized Family Service Plan (IFSP) within thirty (30) days of services being initiated.
 - B. The service/treatment plan shall be modified, as needed, in collaboration with the Buyer’s case manager, the youth, the youth’s family, the provider, and other members of the youth/family’s team. Any significant changes proposed to the service/treatment plan will reflect the consensus of the youth, family and team.
 - C. The service/treatment plan shall include the following components:
 - 1) Short and long term goals that are youth, family and behavior specific with measurable objectives and performance timeframes
 - 2) Crisis safety plan to include provisions during the workday as well as after hours and emergency telephone contact numbers
 - 3) Estimated # of contact hours and frequency of contacts per week
 - 4) Discharge plan/transition

- 5) Plan signed by provider, Buyer's CM, youth, youth's family member
- D. The Buyer's case manager serves as the point of contact for the team-based planning process and is responsible for decisions about services rendered in a manner consistent with the FAPT authorization and team-based planning process.

3. MONTHLY PROGRESS REPORTING

- A. The Provider will complete and submit a monthly report within ten (10) business days after the end of the month services were delivered.
- B. Monthly reports shall be submitted to the Buyer's case manager. Electronic submission via a secure email transmission is strongly encouraged.
- C. The monthly report submitted on the Provider's letterhead shall include the following:
 - 1) Provider's legal name, email, and phone number
 - 2) Home-based worker's legal name, email and phone number
 - 3) Identifying client information to include name of youth and family
 - 4) Progress on goals; Progress towards discharge/transition
 - 5) Significant incidents affecting the youth
 - 6) Change in therapist, medication and/or agencies/service involvement with youth
 - 7) Current functioning in major life domains (e.g., school, home, community, legal)
 - 8) Dates of service
 - 9) Duration/times of service
 - 10) Location of service
 - 11) Individuals present for service
 - 12) Itemize administrative/indirect vs. direct service hours
 - 13) Hours of service remaining on current authorization

4. DISCHARGE/TRANSITION REPORTING

- A. The Provider will complete and submit a discharge/transition report within ten (10) business days after the discharge/transition/end of service.
- B. Discharge/transition reports shall be submitted to the Buyer's case manager. Electronic submission via a secure email transmission is strongly encouraged.
- C. The discharge/termination report submitted on Provider's letterhead shall include the following:
 - 1) Provider's legal name, email, and phone number
 - 2) Home-based worker's legal name, email and phone number
 - 3) Summary of progress on goals
 - 4) DSM diagnoses and medications at time of discharge
 - 5) Description of functioning in major life domains at end of service (e.g., school, home, community, legal)
 - 6) Written recommendations provided to the parent/caregiver for after-care upon discharge that will foster the youth and family's continued recovery and stability. Written recommendations will build upon treatment objectives, strengths, successes, natural supports and other resources as well as referencing appointments with after-care providers.

5. REIMBURSEMENT FOR SERVICES:

- A. The Provider will initiate services (e.g., first contact with youth/family) within five (5) business days of receipt of the purchase order for services, unless a different start date has been negotiated with the Buyer's case manager.
- B. Services must be provided within the number of units and timeframes authorized by FAPT.

- 1) An increase in the agreed upon hours of service must be approved in advance by the FAPT. Approval is conveyed through a revised Purchase of Service Order.
- 2) If there is an emergency in one week and the youth and family needs increased hours, the Provider may provide the needed hours without delay. The provider shall decrease the number of hours in a non-emergency week to maintain the total number of FAPT approved hours.
- C. No more than twenty (20) percent of the Provider's agreed upon billable hours shall include supervision, writing of reports, internal staffing, FAPT attendance, or telephone calls with the Buyer. Billable hours for these specific "administrative/indirect services" shall be labeled as such on the invoice and on the monthly report. The remaining billable hours must be direct service contact with the youth and/or family present.
- D. The Provider shall not invoice the Buyer for training or the time associated with it, that employees of the Provider may receive.
- E. Team based planning meeting attendance may be billed when the Buyer (i.e., Buyer's case manager) requests the attendance of the Provider's case manager/home-based worker. The hours must fall within the existing purchase order or FAPT must pre-authorize reimbursement for the service. Information to be provided at such appearances may include, but is not limited to, goals, recommended services, the services provided, and the progress resulting from the service interventions. Verbal reports/communication with the Buyer do not substitute for the required monthly progress reports.
- F. For court appearances the following conditions apply:
 - 1) The Provider will receive payment based on the actual number of hours the home based worker is required by the Buyer's case manager to be present at the court hearings.
 - 2) The hours will include actual testimony and waiting time, but do not include mileage, travel time other traveling costs. Payment will be made in accordance with established hourly rate set forth in the attached Rate Sheet. The Buyer will make every attempt to notify the Provider well in advance of the Provider's requirement to appear at the hearings. When possible, the Buyer will request a subpoena be issued.
 - 3) A FAPT authorization is needed for non-Department of Family Services, Children Youth and Family related cases to pre-authorize reimbursement or the hours must fall within the existing purchase order.
- G. For socialization/recreation activities the following will apply:
 - 1) Activities must be consistent with the service/treatment plan goals such as improving interpersonal interaction and relationship-building.
 - 2) The cost for these activities is incorporated into the hourly rate of the home based counselor.

6. INVOICING:

- A. The Provider will submit invoices in accordance with section 27 of the APOS and section 5 of this Addendum C within ten (10) business days of the end of the month. The Buyer reserves the right to reject any invoices with incomplete data elements. Time frames for payment begin when the invoice contains all required elements.
- B. The provider must submit a separate invoice for each youth served that includes the following information:
 - 1) Provider's legal name, email, and phone number
 - 2) Name of youth under which FAPT authorized services
 - 3) Purchase order number
 - 4) CSA case manager's name
 - 5) Provided service as defined on the rate sheet
 - 6) Contract unit price
 - 7) # of units
 - 8) Dates of service
 - 9) Duration/times of service

10) Itemize administrative/indirect vs. direct service hours

7. PAYMENT THROUGH PRIVATE INSURANCE AND MEDICAID:

- A. The Provider agrees to accept the family's insurance (including TRICARE or its equivalent), or Virginia Medicaid or FAMIS for payment of services, provided that the Buyer obtains the permission and signature of the parent or legal guardian of the youth. CSA will not fund services covered by the above forms of insurance if that insurance is made available to pay for services.
- B. When all or any portion of the services rendered by the Provider hereunder is covered by a policy of insurance, TRICARE (or its equivalent), Medicaid, or FAMIS, the Provider shall submit claims for such service to the insurance company holding such policies or to TRICARE (or its equivalent), as the case may be. The Buyer shall pay the balance remaining due, if any, within forty-five (45) days after the Provider furnishes satisfactory evidence to the Buyer that the payment by the insurance company or TRICARE (or its equivalent) is the full amount. If the Provider receives Virginia Medicaid or FAMIS payments for services rendered under this Agreement, such payments shall constitute payment in full for those services.

IN WITNESS THEREOF the parties have caused this Addendum to be executed by officials hereunto duly authorized.

Authorized Representative of Provider

CSA Program Manager

Title

Date

Date

Attachment A

HOME-BASED SERVICES DEFINITIONS

- 1) **APPLIED BEHAVIOR ANALYSIS:** Office of Comprehensive Services (OCS) Standard Service Definition - ABA is the design, implementation, and evaluation of environmental modifications to produce socially significant improvement in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior.

Licensure Requirement: Department of Behavioral Health and Developmental Services (DBHDS) provider of Mental Health Services Intensive In-Home or Outpatient programs – Applied Behavioral Analysis

Medicaid Status: Medicaid reimbursable

- 2) **CRISIS INTERVENTION:** OCS Standard Service Definition - Crisis Intervention services are mental health care services, available 24 hours a day, seven days per week, to provide assistance to individuals experiencing acute mental health dysfunction requiring immediate clinical attention. The objectives are: to prevent exacerbation of a condition; to prevent injury to the individual or others; and to provide treatment in the least restrictive setting.

Licensure Requirement: Department of Behavioral Health and Developmental Services (DBHDS) provider of Mental Health Services Crisis Intervention

Medicaid Status: Medicaid reimbursable

- 3) **CRISIS STABILIZATION:** OCS Standard Service Definition - Crisis Stabilization services are direct mental health care services to non-hospitalized individuals experiencing an acute crisis of a psychiatric nature that may jeopardize their current community living situation. The goals are to avert hospitalization or rehospitalization; provide normative environments with high assurance of safety and security for crisis intervention; stabilize individuals in psychiatric crisis; and mobilize the resources of the community support system, family members, and others for ongoing maintenance, rehabilitation, and recovery.

Licensure Requirement: Department of Behavioral Health and Developmental Services (DBHDS) provider of Mental Health Services Crisis Stabilization

Medicaid Status: Medicaid reimbursable

- 4) **INTENSIVE IN-HOME SERVICES:** OCS Standard Service Definition - IIH services for Children/Adolescents under age 21 are intensive, time-limited interventions provided typically but not solely in the residence of a child who is at risk of being moved into an out-of-home placement or who is being transitioned to home from out-of-home placement due to documented clinical needs of the child. These services provide crisis treatment; individual and family counseling; and communication skills (e.g. counseling to assist the child and his parents to understand and practice appropriate problem-

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solving, anger management, and interpersonal interaction, etc.); case management activities, and coordination with other required services. Service also includes 24-hour emergency response.

Licensure Requirement: DBHDS provider of Mental Health Services Intensive In-Home

Medicaid Status: Medicaid reimbursable

- 5) FAMILY SUPPORT SERVICES (FSS): OCS Standard Service Definition - A broad array of services targeted to provide assistance, support, and/or training in various community settings to build natural supports and functional skills that empower individuals and families towards autonomy, attaining and sustaining community placement, preserving the family structure, and assisting parents in effectively meeting the needs of their children in a safe, positive and healthy manner. The services may include but are not limited to skill building (parenting skills, fiscal management, coping skills, communication, interpersonal skills, supervised visitation, babysitting, non-foster care/maintenance day care etc.) and behavioral interventions.**

In Fairfax County, the following services fall under Family Support Services:

A. Intensive Family Preservation Services:

Family preservation interventions for children and adolescents who are at-risk of serious emotional disturbance, including individuals who also have a diagnosis of mental retardation (intellectual disability), with parent/caregiver needs which impact care for the child. Family preservation service is usually time-limited and is provided typically but not solely in the residence of an individual. The service includes 24-hour per day emergency response; crisis treatment; individual and family counseling; life, parenting, and communication skills; and case management and coordination with other services.

Licensure Requirement: DBHDS provider of Mental Health Services Intensive In-Home

Medicaid Status: Non-Medicaid reimbursable

B. Supervised Visit:

This service is typically utilized for families involved in the child welfare system to support reunification and/or familial contact while maintaining the safety of children and youth.

Additional reporting requirements, outlined in the Department of Family Services' Children Youth and Families Services Visitation Policy, will apply to these services in lieu of monthly reports.

There are two levels of supervision:

1. **Supervised Visit Monitored** – This service provides for the observation of the interactions and the maintenance of safety for the recipients.

Licensure Requirement: DBHDS provider of Mental Health Services Intensive In-Home

Medicaid Status: Non-Medicaid reimbursable

2. **Supervised Visit Therapeutic** – This service offers coaching and modeling of parenting skills, such as effective communication, behavior management, activities to promote bonding/attachment, socialization and positive engagement with child/youth and psycho-education about topics related to child development and parenting skill development. Service is provided by individuals with specialized training in child development and/or behavioral health care for child and adolescents. Service is intended to improve the interactions between the caregiver/family member and the child/youth as well as maintain safety for the recipients. Court testimony, documentation of the visit and other service

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planning activities are often required.

Licensure Requirement: DBHDS provider of Mental Health Services Intensive In-Home

Medicaid Status: Non-Medicaid reimbursable

- 6) INDIVIDUAL SUPPORT SERVICES: OCS Standard Service Definition - Community support services and other structured services provided to strengthen individual skills and/or provide environmental supports necessary to attain and sustain independent community residential living for individuals with behavioral/mental health problems. Services include drop-in or friendly-visitor support and counseling to more intensive support, monitoring, training, in home support, respite care, and family support services. Services are based on the needs of the individual and include training and assistance. These services normally do not involve overnight care by the provider; however, due to the flexible nature of these services, overnight care may be provided on an occasional basis.**

In Fairfax County, the following services fall under Individual Support Services:

A. In-Home Services:

These services are interventions for children and adolescents who have emotional or behavioral problems, including individuals who also have a diagnosis of mental retardation (intellectual disability). In-home services are usually time-limited and are provided typically but not solely in the residence of an individual with emotional or behavioral problems which have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted, and are significantly disabling and are present in several community settings, such as at home, in school or with peers. The service includes 24-hour per day emergency response; crisis treatment; individual and family counseling; life, parenting, and communication skills; and case management and coordination with other services.

Licensure Requirement: DBHDS provider of Mental Health Services Supportive In-Home

Medicaid Status: Non-Medicaid reimbursable

- B. Behavior Therapy/Management (non ABA):** Behavior Therapy/ Management services include developing and implementing behavior management programs to target inappropriate or maladaptive behaviors such as aggression or self-injury.

Licensure Requirement: DBHDS provider of Mental Health Services Supportive In-Home

Medicaid Status: Non-Medicaid reimbursable

- 7) MENTAL HEALTH SKILL BUILDING SERVICES: OCS Standard Service Definition - A training service for individuals with significant psychiatric functional limitations designed to train individuals in functional skills and appropriate behavior related to the individuals health and safety, activities of daily living, and use of community resources; assistance with medication management; and monitoring health, nutrition, and physical condition. These services are intended to enable individuals with significant mental illness to achieve and maintain community stability and independence in the most appropriate, least restrictive environment.**

It is not intended as a mental health clinical service, a preventative service, social welfare, nor a crisis service. The service is designed to train individuals in functional skills and appropriate behavior related to the individual's health and safety, activities of daily living, and use of community resources; assistance with medication management; and monitoring health, nutrition, and physical condition. MHSS is intended

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Home Based Services Definitions

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to enable individuals with significant mental illness to achieve and maintain community stability and independence in the most appropriate, least restrictive environment.

Licensure Requirement: DBHDS provider of Mental Health Support Services

Medicaid Status: Medicaid reimbursable

- 8) MENTORING: OCS Standard Service Definition - Services in which children are appropriately matched with screened and trained adults for one-on-one relationships. Services include meetings and activities on a regular basis intended to meet, in part, the child's need for involvement with a caring and supportive adult who provides a positive role model.**

Service provides advocacy, role modeling, individual living/life skills development, socialization/recreation, academic supervision, anger management skill development to remediate various skill deficits. Mentor may work with a counselor to implement service plans. Mentoring is forming a trusting relationship with a child or youth through positive engagement and serving as a role model for healthy emotional development and responsible actions. It may include providing socialization activities that will reduce feelings of isolation and increase social skills; introducing new interests, talents, activities and opportunities to a child or youth; providing encouragement and support for academic achievement and staying in school; and providing academic supervision for completing homework.

Licensure Requirement: State license not required (DBHDS license or accreditation preferred)

Medicaid Status: Non-Medicaid reimbursable

- 9) RESPITE: OCS Standard Service Definition - Service that provides short term care, supervision, and support to youth for the purpose of providing relief to the primary care giver while supporting the emotional, physical, and mental well-being of the youth and the family/guardian.**

Respite care means providing for a short-term, time limited period of care of an individual for the purpose of providing relief to the individual's family, guardian, or regular care giver. Individuals providing respite care are recruited, trained, and supervised by a licensed provider. Service provides for the supervision and safety of the child/youth recipients in the home in the absence of the parental figures.

- May be by the hour, by the day and/or overnight;
- Recipients may be 1 or more children/youth; and require 1 or more professional staff
- May be provided for special needs recipients including the need for specialized intervention skills including physical restraints.

Licensure Requirement: DBHDS Provider of Mental Health Services Supportive In-Home with Respite Track

Medicaid Status: Waiver only; CSA-funded for non-waiver eligible youth